

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">7929.62</span>		
City Washington State DC Zip Code 20036		Transaction ID : D461495			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">752953.28</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">7929.62</span>		
City Washington State DC Zip Code 20036		Transaction ID : D461496			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">752953.28</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">15859.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

AFSCME Special Account

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

Amount

3819.97

Transaction ID : D461497

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☐ House

State: FL

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CONNIE MACK

Calendar Year-To-Date Per Election  
for Office Sought

172559.96

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AFSCME Special Account

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

Amount

3819.97

Transaction ID : D461498

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☐ House

State: FL

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Calendar Year-To-Date Per Election  
for Office Sought

172559.96

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

7639.94

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

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Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>			Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 4801 Viewpoint Place			Amount 3232.50	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D461499	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 752953.28				

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>			Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 4801 Viewpoint Place			Amount 3172.50	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D461500	
Purpose of Expenditure Fliers		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 752953.28				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	6405.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2725.71</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D461501</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2725.71</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D461502</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5451.42</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date 10 / 09 / 2012	
Mailing Address 1625 L Street, NW		Amount 2725.71	
City Washington	State DC	Zip Code 20036	Transaction ID : D461503
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 70966.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date 10 / 09 / 2012	
Mailing Address 1625 L Street, NW		Amount 2725.71	
City Washington	State DC	Zip Code 20036	Transaction ID : D461504
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 70966.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5451.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

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Date

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Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>2295.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D461506</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>2295.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D461507</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4590.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 7 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>2212.78</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461508</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>2212.78</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461509</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4425.56</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 8 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>2127.77</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461510</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Willard Mitt Romney</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>2127.77</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461511</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4255.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

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Signature



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 9 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 09 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>1890.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D461512</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>1778.60</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461513</b>
Purpose of Expenditure <b>In Kind Staff</b>		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3668.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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*Ms. Elizabeth H Shuler*

Signature

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Date

M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

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(SCHEDULE E)

PAGE 10 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>1778.60</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461514</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1300 L Street, NW</b>		Amount <b>1735.75</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>D461515</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3514.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

APWU Separate Segregated Super PAC Account

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Mailing Address 1300 L Street, NW

City

Washington

State

DC

Zip Code

20005

Amount

1735.75

Transaction ID : D461516

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☐ House

State:

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Willard Mitt Romney

Calendar Year-To-Date Per Election  
for Office Sought

752953.28

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AFSCME Special Account

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

Amount

1383.94

Transaction ID : D461517

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☒ House

State: PA

☐ Senate

District: 12

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KEITH ROTHFUS

Calendar Year-To-Date Per Election  
for Office Sought

78372.88

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

3119.69

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">10 / 09 / 2012</span>		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">1383.94</span>		
City Washington State DC Zip Code 20036		Transaction ID : D461518			
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">65245.20</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">10 / 09 / 2012</span>		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">1383.94</span>		
City Washington State DC Zip Code 20036		Transaction ID : D461519			
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">78372.88</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">2767.88</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">10 / 12 / 2012</span></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 09 / 2012</b>		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">1383.94</span>		
City Washington State DC Zip Code 20036		Transaction ID : <b>D461520</b>			
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">65245.20</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 09 / 2012</b>		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">1172.83</span>		
City Beltsville State MD Zip Code 20705		Transaction ID : <b>D461524</b>			
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">752953.28</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">2556.77</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 12 / 2012</b></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>1172.83</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461525</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>			Amount <b>717.39</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461526</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1890.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 15 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>717.39</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461527</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 4801 Viewpoint Place		Amount <b>637.50</b>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : <b>D461528</b>
Purpose of Expenditure Fliers	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1354.89</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 16 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>607.50</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D461529</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>		Amount <b>604.09</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461530</b>
Purpose of Expenditure <b>In Kind Staff</b>		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1211.59</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 17 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>604.09</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461531</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <b>456.67</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461532</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1060.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 18 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <b>456.67</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461533</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1300 L Street, NW		Amount <b>426.53</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461534</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>883.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 19 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

APWU Separate Segregated Super PAC Account

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1300 L Street, NW

City

Washington

State

DC

Zip Code

20005

Amount

426.53

Transaction ID : D461535

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☐ House

State: OH

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sherrod Brown

Calendar Year-To-Date Per Election  
for Office Sought

249191.26

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

APWU Separate Segregated Super PAC Account

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 1300 L Street, NW

City

Washington

State

DC

Zip Code

20005

Amount

426.53

Transaction ID : D461536

Purpose of Expenditure  
In Kind StaffCategory/  
Type

001

Office Sought:

☒ House

State: OH

☐ Senate

District: 06

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Charlie Wilson

Calendar Year-To-Date Per Election  
for Office Sought

70966.26

Disbursement For: ☐ Primary☒ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

853.06

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 20 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1300 L Street, NW			Amount <b>426.53</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461537</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>OH</b> <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1300 L Street, NW			Amount <b>349.58</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461538</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>776.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 21 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1300 L Street, NW		Amount <b>349.58</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461539</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 815 - 16th Street, NW		Amount <b>322.81</b>	
City Washington	State DC	Zip Code 20006	Transaction ID : <b>D461540</b>
Purpose of Expenditure Walk Packets	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <b>00</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>672.39</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 22 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>322.81</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461541</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State:  District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Willard Mitt Romney</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>321.82</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461542</b>
Purpose of Expenditure <b>In Kind Staff</b>	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>644.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

[Electronically Filed]

Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 23 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>321.82</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461543</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>WI</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>100 Indiana Avenue, N.W.</b>			Amount <b>286.70</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461544</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>OH</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>608.52</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 24 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

  

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>286.70</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461545</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>286.70</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461546</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>573.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 25 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>286.70</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461547</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>259.04</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461548</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>545.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 26 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <b>259.04</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461549</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>PA</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <b>259.04</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461550</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>PA</b> <input type="checkbox"/> Senate District: <b>12</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>518.08</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 27 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <b>259.04</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461551</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>PA</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 555 New Jersey Ave. N.W.			Amount <b>219.19</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D461552</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>OH</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>478.23</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 28 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>219.19</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461553</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>219.19</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461554</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>438.38</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 29 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>219.19</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461555</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Charlie Wilson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>218.69</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461556</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>437.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 30 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>218.69</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461557</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>OH</b> <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>218.69</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461558</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>OH</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>437.38</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 31 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Extras, Inc.

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 151 East Lost Toritos

Amount

545.12

City

Weslaco

State

TX

Zip Code

78596

Transaction ID : D462350

Purpose of Expenditure  
CanvassersCategory/  
Type

001

Office Sought:

☐ House

State:

☐ Senate

District:

00

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought

752953.28

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Extras, Inc.

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 151 East Lost Toritos

Amount

545.12

City

Weslaco

State

TX

Zip Code

78596

Transaction ID : D462351

Purpose of Expenditure  
CanvassersCategory/  
Type

001

Office Sought:

☒ House

State:

NV

☐ Senate

District:

03

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOHN OCEGUERA

Calendar Year-To-Date Per Election  
for Office Sought

12342.31

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1090.24

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 32 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 151 East Lost Toritos			Amount <span style="border: 1px solid black; padding: 2px;">545.12</span>		
City Weslaco	State TX	Zip Code 78596	Transaction ID : D462352		
Purpose of Expenditure Canvassers		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">44639.32</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

  

Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 151 East Lost Toritos			Amount <span style="border: 1px solid black; padding: 2px;">545.12</span>		
City Weslaco	State TX	Zip Code 78596	Transaction ID : D462353		
Purpose of Expenditure Canvassers		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">752953.28</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

  

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1090.24</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 33 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>151 East Lost Toritos</b>		Amount <b>545.12</b>	
City <b>Weslaco</b>	State <b>TX</b>	Zip Code <b>78596</b>	Transaction ID : <b>D462355</b>
Purpose of Expenditure Canvassers	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NV</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE HECK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>12342.31</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>218.69</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461559</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Charlie Wilson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>763.81</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 34 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461560</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461561</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>388.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 35 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461562</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ROTHFUS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461563</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>388.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 36 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>193.65</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461564</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>193.65</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461565</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>387.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 37 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>193.65</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461566</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Charlie Wilson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>193.65</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461567</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>387.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 38 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>152.25</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461569</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>152.25</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D461570</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>304.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 39 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>135.18</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461571</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>135.18</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461572</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>270.36</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 40 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>110.16</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461574</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ROTHFUS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>110.16</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461575</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>220.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 41 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>110.16</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461576</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1775 K Street, NW</b>		Amount <b>110.16</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D461577</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>65245.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>220.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 42 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>			Amount <b>108.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D461578</b>	
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>172559.96</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>			Amount <b>102.30</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461579</b>	
Purpose of Expenditure <b>In Kind Staff</b>		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>WI</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>210.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

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Date

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**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 43 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>102.30</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461580</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>150250.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>1325 Massachusetts Ave. NW</b>		Amount <b>89.57</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>D461581</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>191.87</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

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Date

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**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 44 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>			
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             10 / 09 / 2012           </div>	
City Washington	State DC	Zip Code 20005	Transaction ID : D461582
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             752953.28           </div>	
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             10 / 09 / 2012           </div>	
City Washington	State DC	Zip Code 20006	Transaction ID : D461583
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             65245.20           </div>	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             153.71           </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             _____           </div>	
(c) TOTAL Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             _____           </div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature <u>Ms. Elizabeth H Shuler</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
[Electronically Filed]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             10 / 12 / 2012           </div>	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 45 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 09 / 2012</div> </div>	
Mailing Address 815 - 16th Street, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.14</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">65245.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : D461584

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 09 / 2012</div> </div>	
Mailing Address 1325 Massachusetts Ave. NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.79</div>	
City Washington	State DC	Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">172559.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : D461585

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">115.93</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 46 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 51.79	
City Washington	State DC	Zip Code 20005	Transaction ID : D461586
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 172559.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 1300 L Street, NW		Amount 38.11	
City Washington	State DC	Zip Code 20005	Transaction ID : D461587
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 65245.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 47 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>			Date 10 / 09 / 2012	
Mailing Address 1300 L Street, NW			Amount 38.11	
City Washington	State DC	Zip Code 20005	Transaction ID : D461588	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78372.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>			Date 10 / 09 / 2012	
Mailing Address 1300 L Street, NW			Amount 38.11	
City Washington	State DC	Zip Code 20005	Transaction ID : D461589	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 65245.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 48 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>APWU Separate Segregated Super PAC Account</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1300 L Street, NW			Amount <b>38.11</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461590</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>12</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address 1325 Massachusetts Ave. NW			Amount <b>37.78</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461591</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>00</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>75.89</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 49 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 1325 Massachusetts Ave. NW			Amount <span style="border: 1px solid black; padding: 2px;">37.78</span>		
City Washington State DC Zip Code 20005		Transaction ID : D461592			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">70966.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 1325 Massachusetts Ave. NW			Amount <span style="border: 1px solid black; padding: 2px;">37.78</span>		
City Washington State DC Zip Code 20005		Transaction ID : D461593			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">249191.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">75.56</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 12 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 50 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

  

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78	
City Washington	State DC	Zip Code 20005	Transaction ID : D461594
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 70966.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 31.74	
City Washington	State DC	Zip Code 20006	Transaction ID : D461595
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 249191.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	69.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler  
Signature

[Electronically Filed]

Date 10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 51 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">31.74</span>		
City Washington State DC Zip Code 20006		Transaction ID : D461596			
Purpose of Expenditure Walk Packets		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">249191.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">27.52</span>		
City Washington State DC Zip Code 20006		Transaction ID : D461597			
Purpose of Expenditure Walk Packets		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">150250.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">59.26</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 52 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">27.52</span>		
City Washington	State DC	Zip Code 20006	Transaction ID : <b>D461598</b>		
Purpose of Expenditure Walk Packets		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">150250.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">14.48</span>		
City Washington	State DC	Zip Code 20006	Transaction ID : <b>D461601</b>		
Purpose of Expenditure Walk Packets		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12342.31</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">42.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 53 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">14.48</span>		
City Washington State DC Zip Code 20006		Transaction ID : D461602			
Purpose of Expenditure Walk Packets		Category/ Type 004		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12342.31</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 80 F Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">13.60</span>		
City Washington State DC Zip Code 20001		Transaction ID : D461603			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">70966.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">28.08</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 12 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 54 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>13.60</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461604</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>249191.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>13.60</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461605</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>27.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 55 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 80 F Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">13.60</span>		
City Washington State DC Zip Code 20001		Transaction ID : D461606			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">249191.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 09 / 2012		
Mailing Address 80 F Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">13.60</span>		
City Washington State DC Zip Code 20001		Transaction ID : D461607			
Purpose of Expenditure In Kind Staff		Category/ Type 001		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">752953.28</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">27.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 12 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 56 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Voices of the American Federation of Government Employees</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>13.60</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D461608</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>752953.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>11.05</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461609</b>
Purpose of Expenditure Walk Packets	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NV</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEAN HELLER</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>44639.32</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>24.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

Signature



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 57 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 815 - 16th Street, NW			Amount 4.37	
City Washington	State DC	Zip Code 20006	Transaction ID : D461615	
Purpose of Expenditure Walk Packets		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 172559.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 815 - 16th Street, NW			Amount 4.37	
City Washington	State DC	Zip Code 20006	Transaction ID : D461616	
Purpose of Expenditure Walk Packets		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 172559.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	8.74
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 58 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>			Amount <b>3.67</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461619</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>PA</b> <input type="checkbox"/> Senate District: <b>12</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ROTHFUS</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>			Amount <b>3.67</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461620</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>PA</b> <input type="checkbox"/> Senate District: <b>12</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>78372.88</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7.34</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 59 OF 59  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>3.41</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461621</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Charlie Wilson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 09 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>3.41</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D461622</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>70966.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>6.82</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>89891.89</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**